2015 - 07 - 20 - 03 - 00011023

FEC FORM 3X

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REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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2015 JUL 20 PM 12: 19

Rev. 12/2004

Office Use Only

NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, type r the lines.	TOLD	4M5			
AMBRICAN L	EAGUE 0	F CHAR	CITAILE	10,861	AINII MA	711014	121	
			<u> </u>					
ADDRESS (number and street)	7 40000	C1818171	DR.					
Check if different								
than previously reported. (ACC)	ORCHAR	ORICHIARD PARK						
2. FEC IDENTIFICATION	NUMBER ▼	CITY 🛦		STATE 4	\	ZIP CODE	<u> </u>	
C 0.0.5.4.3.4	5.4	3. IS THIS REPORT	NEW (N)	OR .	AMENDED (A)			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20	. ieli	Aug. 20 (M8) Sep 20 (M9)	(No	ov 20 (M11) lon-Election lar Only) ec 20 (M12)	
(a) Quarterly Reports:		ind 	laci Con			(No.	on-Election ear Only)	
April 15	(01)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Ja	an 31 (YE)	
Quarterly Report July 15 Quarterly Report	(C) 12-Day	ection	Primary (12P)	Ge	neral (12G)	Ru	unoff (12R)	
Sales Quarterly report	(Q2) Report	F	Convention (12C)	Sp	ecial (12S)	·		
Quarterly Report	(Q3)	•	M V M / [0 V D	7 / F V****	ᡪ᠊ᠵ᠈ᠵ ᠇ᢩ	in the		
January 31 Year-End Report	(YE)	Election on			انحد	State of		
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ction (d) 30-Day	· ('\	General (30G)	[] Ru	noff (30R)	Sp	pecial (30S)	
Termination Rep (TER)		Election on	MWM / DWD		Y 7 7	in the State of		
5. Covering Period		2015]	through	2.6 3.	0 20	1.5.		
I certify that I have examined	this Report and to th	e best of my kno	wledge and belief it	is true, corre	ect and comple	te.		
Type or Print Name of Treas	urer DRVID K	MEVSKI	-	*		<u>.</u>		
Signature of Treasurer	· and	Henk	й й	,`Date	07 0	il a	1015	
NOTE: Submission of false, en	roneous, or incomplete		ubject the person sig	ning this Repo		ies of 2 U.S	i.C. §437g.	
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